

Marketing State Children's Health Insurance Programs

This IPRO report summarizes the efforts to market Iowa's state children's health insurance program (SCHIP), commonly called *hawk-i* (Healthy and Well Kids in Iowa). It also compares Iowa's marketing efforts to those in Kentucky and Colorado.

State Children's Health Insurance Program Qualifications

State children's health insurance programs are available to children in families with incomes too high to qualify for Medicaid but too low to easily afford private family coverage. Many children eligible for these benefits do not receive them because their families do not apply. The eligibility requirements for *hawk-i* are listed below.

- Live in the state in which you are applying
- Have no other health insurance
- Be a citizen of the United States or a qualified alien
- Be in a family that meets the income limits
- Cannot be a dependent of a state employee
- Do not qualify for Medicaid
- Be under 19 years of age¹

***Hawk-i* Marketing**

Currently, *hawk-i* is marketed through the Iowa Department of Public Health (DPH) and the Iowa Department of Human Services (DHS). DPH is responsible for local outreach and is organized primarily through twenty-three state health care offices located across Iowa. DHS is responsible for media campaigns and large-scale advertising.

Local Outreach

Each of the twenty-three local health care offices run by DPH has a coordinator who markets *hawk-i* along with eight other medical and health insurance programs. These coordinators have five marketing targets for *hawk-i*: medical providers, schools, employers, churches and other faith-based organizations, and groups that interact with immigrants. In addition to these targets, coordinators are also encouraged to reach out to other community groups that might help eligible families apply for the program.

The coordinators are required to assemble twice a year to discuss helpful marketing tools. They are also required to submit quarterly reports to DPH with updates on what they have done to market each program. We interviewed several coordinators and asked them

¹ "Healthy and Well Kids in Iowa (hawk-i)." Department of Public Health. 7 Nov. 2008
<http://www.idph.state.ia.us/coveringkids/coverage_hawki.asp>.

for suggestions about how to improve *hawk-i* outreach. The most common suggestion was to hire coordinators specifically designated for *hawk-i* outreach. As noted above, local coordinators are responsible for the marketing of nine different medical and health insurance programs including *hawk-i*. Most coordinators reported that if there were more coordinators, each program could be marketed more effectively. The coordinators added that there were ample materials for *hawk-i* outreach but that there was a lack of manpower to distribute those materials.²

Media Campaigns

Hawk-i media campaigns are organized and run centrally by DHS. The campaigns have included broadcast television spots, cable television spots, radio spots, newspaper advertisements, gas pump toppers, bus transit advertisements, and billboards. DPH and DHS officials see media campaigns as the most effective way to market *hawk-i*.

2008 hawk-i Media Campaign

In January 2008, DHS began an extensive media campaign with ZLR Ignition, an advertising agency in Des Moines. The focus of this campaign was on families earning less than \$40,000 per year. The campaign also focused to some extent on females and racial and ethnic populations. Below are the contents of the 2008 *hawk-i* media campaign.

- Broadcast television spots aired for 21 weeks covering all 99 counties in Iowa
- Cable television spots aired for 17 weeks covering 41 counties
- Radio spots aired statewide for 24 weeks (some of these spots were aired on stations targeting African-Americans and Hispanics)
- Newspaper advertisements including eight half-page ads, free standing inserts in metro papers, and a special section in 83 papers for "Cover the Uninsured Week"
- Gas pump toppers were posted statewide from March to July and then again from August to October
- Transit ads were posted in Sioux City, Dubuque, Cedar Rapids, Waterloo, Clinton and Des Moines
- Outdoor billboards were posted between February and April in both metro and rural areas³

During this media campaign, the number of calls to *hawk-i*'s 1-800 number was 32% higher than in 2007; application submissions were 21% higher than in 2007; and campaign surveys showed that awareness of the *hawk-i* program increased by 18 points and that 80% of Iowans approved of the program. For 2009, the state fiscal budget cut

² Doyle-Scar, Angela. "Hawk-i Outreach." Telephone interview. 20 Oct. 2008.

³ Freshour-Johnson, Branda. "Hawk-i Marketing." E-mail interview. 27 Oct. 2008.

hawk-i media outreach dollars by approximately two-thirds. As a result, DHS will be using a scaled down version of the 2008 media campaign in 2009. DHS officials contend that the increase in *hawk-i* applications was due to the media campaign and that additional media coverage in 2009 would further increase the number of applications.⁴

Comparisons to Other States

Kentucky

In September of 2008, Kentucky proposed a plan to enroll more children in the Kentucky Children's Health Insurance Program (KCHIP) by the year 2010. The plan, which will begin being implemented in late 2008, is three-fold. First, it will work to remove enrollment barriers, second, it will work to retain more children who are enrolled, and third, it will significantly increase education about the program and outreach. Compared to what has already been implemented in Iowa, there are three significant differences.

The first is that under the "Increasing Retention Efforts" section of the Kentucky plan a 30-day grace period to complete the renewal process at the end of each year is provided so that families can more easily continue in the program. *hawk-i* does not currently have a 30-day grace period as part of their renewal process.

The second significant difference is related to outreach. The Kentucky plan proposes contacting the parents of every newborn in the state via postcard with information about KCHIP enrollment. *hawk-i* does not currently have a similar outreach effort.

The third significant difference between KCHIP and *hawk-i* has to do with staffing. The new Kentucky plan calls for hiring more central office staff and 26 specialized KCHIP outreach workers. The *hawk-i* program does not have outreach staff dedicated exclusively to that program. This was the major suggestion of the Iowa outreach personnel for improving *hawk-i* enrollment.⁵

Colorado

As with Kentucky, much of the marketing and outreach plan for Colorado's children's health insurance program (Child Health Plan *Plus* or CHP+) is similar to that of *hawk-i*. The main difference between the two plans is in regard to community outreach. In Colorado there are seven Regional Outreach Coordinators (ROCs) who specialize solely in the marketing and outreach of CHP+.⁶

⁴ Freshour-Johnson, Branda. "Hawk-i Marketing." E-mail interview. 27 Oct. 2008.

⁵ "Department for Medicaid Services." Cabinet for health and Family Services. 7 Nov. 2008 <<http://chfs.ky.gov/dms/>>.

⁶ "Child Health Care Plus." 7 Nov. 2008 <<http://www.cchp.org/>>.